L	W CE	AUX CIT	active De	cember 8,		CORD	(9/	94.	T/8
1	TOTAL CLA	140	AS FIL	AS FILED - PART I (Column 1) (Column 2)		SMAL TYPE	L ENTIT	Y OF	OTHE	R THAN L ENTITY
	FOR ? (S. FES		18ER FILED	NUMBER EXTRA	BASIC		Ē OR	RATE	FEE
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	MULTIPLE DEPENDENT CLAIM PE		· · · · · ·			X100 +180=		OR OR	X200= +360=	
	*If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)					TOTAL		OR	TOTAL	290.0
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10,101	Total Independent	*	Minus Minus	PAID FO		X\$ 25=	FEE	OR	RATE X\$50=	TIONAL FEE
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r-		(Column 1)	<u> </u>	(Column	2) (Column 3)	+180= TOTAL ADDIT. FEE		-	+360= TOTAL DDIT. FEE	
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